WISCONSIN

STATE DEMENTIA PLAN

2024–2028

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Introduction

This document presents goals and strategies that constitute a framework for the new Wisconsin State Plan for Alzheimer's Disease and Related Dementias, known as the "State Plan." Priorities for the State Plan were developed through a year-long community and partner engagement process.

The State Plan is designed to be a five-year plan, to be implemented from 2024 through 2028. The State Plan is a strategy for all of Wisconsin, and its success will require the involvement of community, medical, social, crisis and protective services, advocacy, and provider networks. These recommendations represent a road map to help Wisconsin improve the quality of life for the thousands of families affected by Alzheimer's disease and related dementias and to minimize the public and private costs of these devastating conditions. Whether participating in a State Plan workgroup or providing quality care or support to individuals with dementia, everyone can be involved in helping create a more dementia-capable Wisconsin. To get involved, please email dhsdementiawebmail@dhs.wisconsin.gov.

Background

What is Dementia?

Alzheimer's disease and related dementias are considered a major public health crisis by the Alzheimer's Association, the U.S. Department of Health and Human Services, and the World Health Organization.

According to the Alzheimer's Association:[1]

> "Alzheimer's disease is a type of brain disease just as coronary artery disease is a type of heart disease. It is caused by damage to nerve cells (neurons) in the brain. The neurons damaged first are those in parts of the brain responsible for memory, language and thinking. As a result, the first symptoms of Alzheimer's disease tend to be memory, language and thinking problems. Alzheimer's disease is a progressive disease, meaning it gets worse with time. As time passes, more neurons are damaged, and more areas of the brain are affected. Increased help from family members, friends, and professional caregivers is needed to carry out activities of daily living, such as dressing and bathing, and to keep the individual safe. People may develop changes in mood, behavior, or personality as a result of the thinking and memory challenges they are experiencing. Eventually, the neuronal damage of Alzheimer's disease extends to parts of the brain that enable basic bodily functions such as walking and swallowing. Ultimately, Alzheimer's disease is fatal. Studies indicate that people age 65 and older survive an average of four to eight years after a diagnosis of Alzheimer's dementia, yet some live as long as 20 years.
>
> "Many people wonder what the difference is between Alzheimer's disease and dementia. Dementia is an overall term for a particular group of symptoms. The characteristic symptoms of dementia are difficulties with memory, language, problem-solving and other thinking skills. Dementia has several causes. Alzheimer's disease is one cause of dementia. The brain changes of Alzheimer's disease are the most common contributor to dementia."

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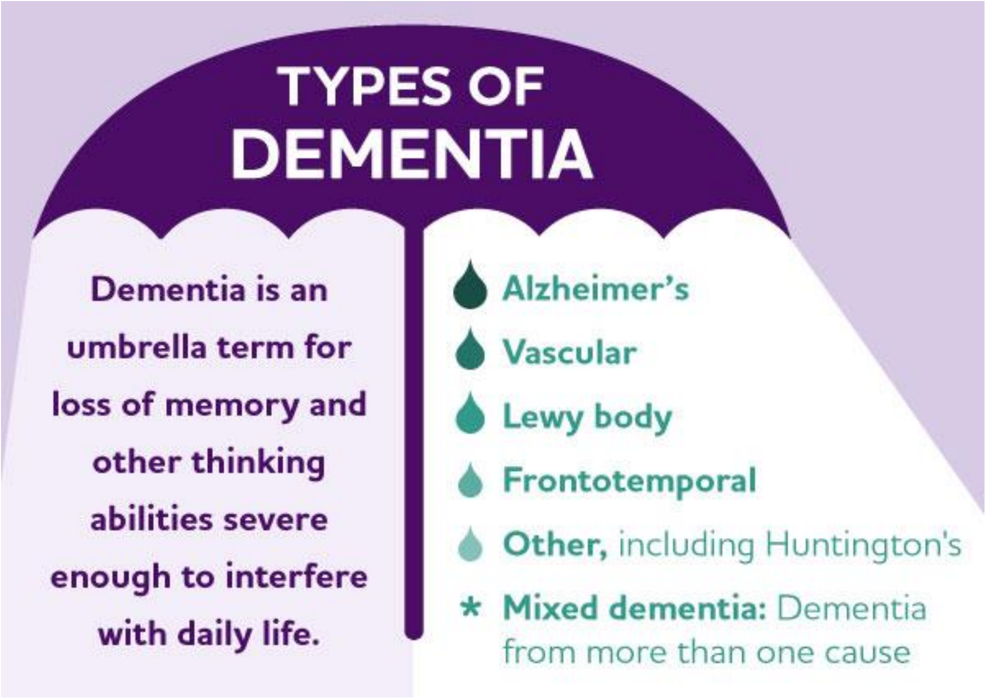
[1] https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf.



TYPES OF DEMENTIA

Dementia is an umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life.

- **Alzheimer's**
- **Vascular**
- **Lewy body**
- **Frontotemporal**
- **Other,** including Huntington's
- **Mixed dementia:** Dementia from more than one cause

Image Credit: https://www.alz.org/alzheimers-dementia/what-is-dementia

Who has Dementia?

According to the Alzheimer's Association, 120,000 Wisconsin residents aged 65 and older had Alzheimer's disease in 2022. By 2040, the Wisconsin Department of Health Services (DHS) projects that the population aged 65 and older will grow by 471,400 people, an increase of 44%. This expected growth rate corresponds to similar increases in the number of people with dementia. Unless the disease and conditions that cause it can be effectively treated or prevented, it is estimated that the number of people in Wisconsin with Alzheimer's disease or a related dementia will increase to 213,000 people by 2040.

Alzheimer's disease and related dementias disproportionately impact specific groups of people, including African Americans, Hispanics, American Indians, women, and people with Down syndrome. An estimated 19% of Black and 14% of Hispanic adults over age 65 in Wisconsin have Alzheimer's, compared with 10% of White older adults. Although more research is needed to understand the rate of dementia in the American Indian population, preliminary studies have found that Native Americans are over three times more likely to develop Alzheimer's disease than the general population. Nearly two-thirds of people living with Alzheimer's disease are women. Between ages 45 and 65, women have nearly double the risk of developing Alzheimer's disease during their life than men. Finally, over half of people with Down syndrome over 60 have Alzheimer's disease.

Not only do these diseases significantly affect the life of the person living with the disease, but they also have an impact on the family members and friends who serve as caregivers. Unpaid caregivers often experience significant emotional, physical, and financial stress while providing care. It was estimated that in 2021, 198,000 caregivers in Wisconsin provided 206 million hours of unpaid care valued at $3.4 billion. 57% of caregivers have chronic health conditions, and 17.8% of caregivers report depression.

What is the State Dementia Plan?

In 2014, DHS published the Wisconsin Dementia Care System Redesign Plan. In 2013, DHS engaged in a department-wide initiative based on the knowledge that Alzheimer's disease and related dementias were already straining Wisconsin's long-term care system, and that the impact would increase as the baby boom generation ages. In addition, a 2012 decision by the Wisconsin Supreme Court in the case of *Helen E.F.*, along with the work of the *Special Legislative Committee on Legal Interventions for Persons with Alzheimer's Disease and Related Dementias*, highlighted the need for a complete review of both general resources and protective placement procedures for vulnerable adults with a dementia diagnosis.

The 2014 Redesign Plan focused on steps DHS could take to address gaps in the care delivery infrastructure and expand community and crisis services for people living with dementia. From 2014 to 2017, the Redesign Plan helped guide the efforts of DHS and many partners across the state. In 2017, DHS and partners met to discuss the need for a new plan to guide the state in its continued efforts to improve care and services for people with dementia and their caregivers. The meeting led to a statewide summit in 2018. DHS and partners also conducted a pre-summit survey to obtain public comment and input on progress.

In 2018, DHS published the 2019–2023 State Dementia Plan based on the results of the survey and summit. The second iteration of the State Plan was implemented under the guidance of a 12-member steering committee and four workgroups organized by care setting (care in the community, health care, crisis care, and facility-based care). In addition, a DHS project management team and executive team provided administrative and policy support. The steering committee and workgroups were comprised of people from the state government, local units of government, advocacy groups, provider organizations, research institutions, and communities across the state. The Plan helped to create a road map to improve the quality of life for the thousands of families affected by Alzheimer's disease and related dementias and to minimize the public and private costs of these devastating conditions. Together, our partners funded support groups, expanded rural research hubs and access to memory screenings, designed dementia-friendly toolkits, educated the public about brain health to reduce stigma, and expanded the dementia care specialist program statewide.

These partnerships were tested in 2020, as the COVID-19 pandemic devasted communities across Wisconsin. Many of the intended goals of the Plan were paused, as community members and professionals came together to care for those at highest risk of severe illness, including those with memory loss. The pandemic exacerbated existing health inequities: communities of color experienced higher rates of COVID-19 cases, hospitalizations, and deaths. The lingering effects of the pandemic, such as delayed preventative care, social isolation, and workforce shortages, will continue to impact dementia care in years to come. However, the pandemic demonstrated the importance of working together to create responsive, flexible, evidence-based, coordinated, and collaborative care policies. Working together, we can continue to collaborate to make life better for those affected by memory loss in the 2024–2028 State Dementia Plan.

What are the Values of the State Dementia Plan?

1. To address the various factors that exacerbate dementia-related health disparities to achieve long-lasting and equitable health outcomes for all.
2. To promote dementia-related awareness, education, and training, for everyone interacting with people living with dementia, that is:
   - Integrated into the community.
   - Accessible to and inclusive of all caregivers and tailored to their specific role.
   - Consistent with latest research.
3. To promote high-quality care and supportive services, for people living with dementia, that are:
   - Accessible and accountable to all.
   - Inclusive of individual and cultural preferences, life experiences, and values.
   - Safe, comfortable, and dignified.
4. To promote the highest degree of independence and choice possible for people living with dementia, that is:
   - Driven by individual decisions and cultural values.
   - Provided through opportunities for meaningful engagement in the community.
   - Balanced in its approach to safety and autonomy.

5. To promote coordinated systems that work collaboratively for people living with dementia that:
    - Define roles and responsibilities.
    - Build partnerships within and between systems.
    - Recognize the importance of building and supporting a robust workforce.

These values have been adapted from the Wisconsin Dementia Care Guiding Principles and the Governor's Health Equity Council.

Alignment with National Level Vision

The 2024–2028 Wisconsin State Dementia Plan is informed by and aligned with, key national efforts including the National Plan to Address Alzheimer's Disease (NAPA), the CDC's Healthy Brain Initiative (HBI) Road Map, and the National Strategy to Support Family Caregivers. Wisconsin is proud to orient our state plan around these shared goals and values to ensure continuity across levels of government.

The National Plan to Address Alzheimer's Disease establishes six ambitious goals to both prevent future cases of Alzheimer's disease and related dementias (AD/ADRD), and to better meet the needs of the millions of American families currently facing this disease.

- Prevent and Effectively Treat AD/ADRD by 2025.
- Enhance Care Quality and Efficiency.
- Expand Supports for People with AD/ADRD and Their Families.
- Enhance Public Awareness and Engagement.
- Improve Data to Track Progress.
- **(NEW)** Accelerate Action to Promote Healthy Aging and Reduce Risk Factors for AD/ADRD.

The Healthy Brain Initiative Road Map is a tool for partners to implement public health strategies that promote brain health, address dementia, and support people with dementia and their caregivers. The overarching vision of the HBI is that everyone deserves a life with the healthiest brain possible. To help achieve this vision, the HBI Road Map's specific outcomes are to:

- Increase community partnerships.
- Increase integration with other chronic disease efforts.
- Increase policy action and implementation.
- Increase data availability, quality, and utilization.
- Increase data-informed decision making and action.

- Reduce stigma and bias about cognitive decline.
- Increase knowledge and skills of current and future workforce.
- Increase public knowledge about brain health, risk factors for dementia, and benefits of early detection and diagnosis.
- Increase public knowledge and use of services for people living with dementia and their caregivers.

The National Strategy to Support Family Caregivers identifies actions that communities, providers, government, and others are taking and may take to recognize and support family caregivers, and will include:

- Promoting greater adoption of person- and family-centered care in all health care and long-term service and support settings, with the person and the family caregiver at the center of care teams.
- Assessment and service planning (including care transitions and coordination) involving care recipients and family caregivers.
- Information, education, training supports, referral, and care coordination.
- Respite options.
- Financial security and workplace issues.

2024–2028 State Plan Development

In 2022 and 2023, volunteers hosted 49 community and partner conversations across the state. In addition, 2,033 people completed the State Dementia Plan survey. In May and June 2023, three statewide summits were held in person and online to build on lessons learned during the statewide outreach initiative. During each of these summits, participants provided input on the goals and implementation strategies for the 2024–2028 State Plan.

Community and Partner Engagement—Survey

Methods

To inform the 2024–2028 State Dementia Plan, a survey was created and distributed via Alchemer. Questions were derived from the 2018 State Dementia Plan Survey and available in four languages: English, Hmong, Somali, and Spanish. Within the 10-question survey, participants were asked to describe demographic information, rank dementia priorities, and respond to open-ended questions. The survey opened June 1, 2022, and closed April 11, 2023.

Upon review of demographic information submitted, two variables were recoded. A new multiracial race category was created when survey respondents selected more than once race. Additionally, a new Hispanic race category was created where individuals submitted “Hispanic” as a write-in option. Individuals that wrote-in “Hispanic” were also labeled as Hispanic/Latino for the ethnicity variable.

Results

A total of 2,033 surveys were submitted with 1,971 (96.95%) completed and 62 (3.04%) partially completed. The majority, 2,024 (99.56%), were completed in English, with the remaining 9 (0.44%) in Spanish.

Respondents identified themselves from all counties across the state and the following Tribal Nations: Bad River Band of Lake Superior Tribe of Chippewa Indians, Ho-Chunk Nation, Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin, Lac du Flambeau Band of Lake Superior Chippewa Indians, Oneida Tribe of Indians of Wisconsin, and St. Croix Chippewa Indians of Wisconsin. Milwaukee County represented the largest proportion of geographic respondents, 194 (9.54%), followed by Dane County, 147 (7.23%), and Outagamie County, 110 (5.41%). See Table 1 in the Appendix 2 for complete distribution data.

Over half, 1,019 (50.12%), of all survey takers identified their community type as rural, followed by urban, 512 (25.18%); suburban, 486 (23.91%); and 16 (0.79%) individuals leaving the question blank. See Table 2 in Appendix 2.

When respondents described their relationship with dementia, a majority, 629 (30.94%), identified as, "I care for a person living with dementia." "I am a community member interested in this topic," followed with 461 (22.68%). See Table 3 in Appendix 2 for other relationship data. Many individuals, 405 (19.92%), also identified "Other" and provided additional details about their relationship with dementia; both personal and professional. Respondents were allowed to choose more than one option; thus, the total number of responses for this question exceeds the number of individual respondents.

The survey also asked respondents to identify their gender identity. 1,736 (85.39%) identified as female, 212 (10.43%) as male, 2 (0.10%) as non-binary, and 1 (0.05%) as other. Additionally, 68 (3.34%) preferred not to answer, and 14 (0.69%) did not respond to the question. See Table 4 in Appendix 2.

Self-identified racial identities from survey respondents included: 1,791 (88.10%) White, 75 (3.69%) Black, 19 (0.93%) Native American, 15 (0.74%) Asian, 15 (0.74%) multiracial, 11 (0.54%) Hispanic, 6 (0.30%) other, 92 (4.53%) "I prefer not to say," and 9 (0.44%) that did not answer. See Table 5 in Appendix 2.

Most survey respondents, 1,875 (92.23%), selected "No" when asked about Hispanic/Latino ethnicity. "Yes" constituted 50 (2.46%), followed by 19 (0.93%) that did not submit an identity, and 89 (4.38%) that chose "I prefer not to say." See Table 6 in Appendix 2.

Across all survey respondents, "support for family caregivers" was most frequently ranked as the highest priority for the next state plan, with 474 individuals (25.07%) placing it as their top choice. See Table 7 in Appendix 2.

"Support for family caregivers" was most frequently ranked as the highest priority for the next state plan by the following demographic variables:

- Rural
- Urban
- Suburban
- White
- Multiracial
- Native American

- Hispanic/Latino
- Caregiver for someone with dementia
- ADRC staff
- Community-based service provider staff
- Health care staff
- Interested community members

Respondents who identified as Black/African American most frequently ranked "educate the public about dementia and brain health" as the highest priority for the next state plan, while those who identified as Asian most frequently ranked "increase appropriate diagnosis of dementia and memory loss" as the highest priority. Individuals taking the survey who reported having dementia or another cognitive concern most frequently ranked "provide more local community support for people living with dementia" as the highest priority. "Improving the quality of dementia care in assisted living facilities and nursing homes" ranked top priority most frequently for the those who identified that they:

- Work for a managed care organization.
- Work for a residential care facility.
- Work for a state agency.

Finally, those who reported working in adult protective services or crisis agency most frequently ranked "improve help for people with dementia experiencing a crisis" as the highest priority. See Tables 7–26 in Appendix 2 for a breakdown of priority ranking data.

Community and Partner Engagement—Community Conversations

Methods

In addition to gathering survey responses for the next iteration of the State Dementia Plan, community conversations were held. Conversations solicited unique perspectives to supplement the survey across communities, partner agencies, and health care systems. The current Dementia State Plan leadership team developed the questions for the community, partners, and health care systems in collaboration with DHS project managers.

To support minority group participation, intentional outreach was conducted. Conversations with minority representation included: Black/African American residents of the Milwaukee area, Deaf and Hard of Hearing, LGBTQ+, Somali Elders, and Tribal communities across Wisconsin.

A facilitator structured each conversation by following the predetermined question set, while a note taker documented the discussion. Discussion comments were compiled into an excel spreadsheet by each unique conversation. Once compiled, each conversation comment was thematically categorized to structure the State Dementia Plan goals. In addition to categorizing conversation comments into broad themes, each was distilled to highlight keywords and context. Themes, keywords, and context were reviewed by State Dementia Plan subject matter experts to identify priority areas and goals.

Results

Over 900 individuals participated in 49 unique conversations. Approximately half, 25 (51.02%), of all conversations occurred with communities, followed by 15 (30.61%) with health care systems, and 9 (18.37%) with partner agencies.

Analysis from the conversations revealed five priority areas in which to organize the State Plan's goals and strategies, in addition to the BOLD Grant goals and strategies:

- Public education and community support
- Professional development and workforce
- Coordinated care
- Data and research
- Policy and advocacy

Goals and Strategies

Public Education and Community Support

1. Educate the public about brain health, risk reduction, treatment, dementia-friendly strategies, health disparities, and caregiver support.

1.1 Engage diverse audiences to develop culturally responsive messages about brain health, cognitive decline, healthy aging, and caregiving.

1.2 Disseminate culturally responsive messaging to encourage conversations about brain health, cognitive decline, healthy aging, and caregiving.

1.3 Engage with communities, especially those at highest risk, about early detection, risk factors, and emerging treatment for dementia and how people living with dementia can best thrive in their communities.

2. Support people living with dementia, caregivers, and family members through culturally appropriate educational programs, resources, support services, and partnerships.

2.1 Partner with educational systems (K-12 and post-secondary) to include brain health and dementia in their curricula.

2.2 Enhance communication with people living with dementia, and their families and caregivers about how to access services, care, and social supports.

2.3 Ensure caregivers have information, tools and resources about their vital role and way to maintain their own health and well-being.

Professional Development and Workforce

3. Grow a dementia-capable and culturally humble professional workforce to care for older adults and people living with dementia throughout the continuum of care.

3.1 Strengthen training of community health and direct service workers about brain health across the life course to improve equitable care and quality of life for those living with cognitive decline and to support caregivers.

3.2 Increase and expand outreach to high schools and middle schools to incorporate health care professions in career options for students.

4. Promote consistent, high-quality, and appropriate care by supporting standardized and evidence-based dementia training for professionals in the medical, public health, crisis care, community-based care, facility-based care, and social services fields.

4.1 Provide evidence-informed training and informational resources for primary health care providers to facilitate culturally sensitive conversations about brain health with patients and caregivers across the life course.

4.2 Train public health professionals about risk factors for cognitive decline and dementia and ways to integrate this information with other chronic disease prevention strategies.

4.3 Train crisis and adult protective service professionals on how to respond to people with dementia who are in crisis or who are at risk for abuse, neglect, or financial exploitation.

5. Support public safety, legal, and financial organizations through culturally responsive initiatives to ensure the safety of people living with dementia who are at risk of abuse, neglect, and/or exploitation.

5.1 Partner with public safety and emergency response agencies to improve their ability to recognize and meet the needs of people living with cognitive decline and dementia.

Coordinated Care

6. Coordinate access to care and improve communication between professionals who care for people living with dementia. Coordinated care includes health care and long-term care facilities, crisis care organizations, and community-based service providers.

6.1 Utilize community-clinical linkages to improve diagnosis, equitable access to community-based chronic disease prevention, dementia support, and healthy aging programs.

6.2 Partner across the community to promote early diagnosis, equitable access to services, supports, and quality care for people living with dementia and their caregivers.

6.3 Ensure managed care organizations, aging and disability resource centers, and other referral services have the information needed to help consumers make informed decisions.

6.4 Provide all provider and facility types access to dementia care specialists and/or other dementia care experts.

7. Encourage partnerships to develop and expand dementia support services that reach clients from various cultural identities across the life course.

7.1 Convene and leverage diverse and inclusive multi-sector coalitions to strengthen supportive, equitable policies within communities, workplaces, and health care settings across the life course of brain health.

8. Develop a coordinated system of dementia-related crisis response that promotes stabilization-in-place efforts when safe and appropriate. This multi-disciplinary approach should be inclusive of informal supports and include clearly defined roles and responsibilities.

8.1 Join ongoing coalitions and partnerships to prevent or remediate abuse, neglect, and exploitation of people living with dementia.

8.2 Increase opportunities for innovative crisis response interventions.

Data and Research

9. Support researchers and organizations through data-sharing and networking opportunities.

9.1 Share findings with community organizations, agencies, policymakers, and provider associations to help focus and inform community awareness efforts, resource needs, policies, and programs, particularly for populations most impacted.

10. Champion and strengthen research and data collection aimed at preventing and treating Alzheimer’s disease and related dementias, including participation from people representing a variety of cultural identities.

11. Facilitate access to research findings to inform programs and improve health outcomes, such as by collaborating with public health agencies to encourage equitable risk-reduction strategies and address social determinants of health.

11.1 Translate data analyses and evaluation findings into state and community strategic and health improvement plans that support brain health across the life course and quality of life for people living with dementia and their caregivers.

12. Evaluate the State Dementia Plan's goals to measure whether the plan has efficiently, effectively, and equitably improved dementia care.

Policy and Advocacy

13. Include and seek input from people living with dementia and their caregivers in the development of policies and programs that effectively and equitably address individual and community needs.

13.1 Equip policymakers with information on risk factors, the stigma associated with cognitive impairment, and the impact of social determinants of health, and offer evidence-informed policy options across the life course, including options for expanding respite services.

14. Coordinate and inform state budgetary, legislative, and regulatory actions that impact all people living with dementia and caregivers.

15. Promote local-level policies and programs that support dementia inclusion and friendliness.

16. Support the development of policies and programs that address health disparities and social determinants of health that increase risk factors for dementia.

BOLD Grant Goals and Strategies

17. Increase integration with other chronic disease efforts.

17.1 Build on existing state and local public health chronic disease, healthy aging, and disability programs and policies to address social determinants of health and improve health equity related to brain health.

18. Increase data availability, quality, and utilization.

18.1 Support implementation of the Behavioral Risk Factor Surveillance System (BRFSS) optional modules for cognitive decline and caregiving and use the data to develop and inform programs and policies.

19. Increase public knowledge about brain health, risk factors for dementia, and benefits of early detection and diagnosis.

19.1 Embed cognitive decline risk factors into evidence-informed health promotion and chronic disease prevention awareness and education campaigns.

Appendix 1: Acknowledgements

This plan was published with support from the following contributors:

- Andrea Garr, Wisconsin Department of Health Services
- Angela Miller, Wisconsin Department of Health Services
- Allison Cramer, Alzheimer’s Association
- Brianne Zaborowske, Wisconsin Department of Health Services
- Bryce Dorff, Wisconsin Department of Health Services
- Carrie Molke, Wisconsin Department of Health Services
- Katelyn Marschall, Wisconsin Department of Health Services
- Kathleen Smith, Wisconsin Alzheimer’s Institute
- KC Cullinan, Wisconsin Department of Health Services
- Kristen Felten, Wisconsin Department of Health Services
- Lauren Rieves, Wisconsin Department of Health Services
- Vickie Bergquist, Wisconsin Department of Health Services

Appendix 2: Data

Table 1: Geographic Area

The following table shows geographic data for respondents of the State Dementia Plan community and partner engagement survey. For each county and Tribal Nation listed, the table shows the number of survey respondents from that area and the proportion of total responses that group represents.

Note: Tribal Nations that are not listed did not have any respondents.

Geographic Area	Count	Proportion (%)
Adams	6	0.30
Ashland	29	1.43
Bad River Band of Lake Superior Tribe of Chippewa Indians	1	0.05
Barron	55	2.71
Bayfield	30	1.48
Brown	103	5.07
Buffalo	18	0.89
Burnett	12	0.59
Calumet	32	1.57
Chippewa	23	1.13
Clark	10	0.49
Columbia	19	0.93
Crawford	3	0.15
Dane	147	7.23
Dodge	37	1.82
Door	14	0.69
Douglas	9	0.44
Dunn	44	2.16
Eau Claire	41	2.02
Florence	5	0.25
Fond du Lac	35	1.72
Forest	13	0.64
Grant	18	0.89

Geographic Area	Count	Proportion (%)
Green	12	0.59
Green Lake	11	0.54
Ho-Chunk Nation	1	0.05
Iowa	7	0.34
Iron	8	0.39
Jackson	5	0.25
Jefferson	34	1.67
Juneau	7	0.34
Kenosha	34	1.67
Kewaunee	7	0.34
La Crosse	36	1.77
Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin	2	0.10
Lac du Flambeau Band of Lake Superior Chippewa Indians	1	0.05
Lafayette	4	0.20
Langlade	11	0.54
Lincoln	8	0.39
Manitowoc	25	1.23
Marathon	41	2.02
Marinette	19	0.93
Marquette	10	0.49
Menominee	3	0.15
Milwaukee	194	9.54
Monroe	7	0.34
Oconto	40	1.97
Oneida	22	1.08
Oneida Tribe of Indians of Wisconsin	1	0.05
Outagamie	110	5.41
Ozaukee	17	0.84
Pepin	6	0.30
Pierce	7	0.34
Polk	36	1.77
Portage	11	0.54
Price	13	0.64

Geographic Area	Count	Proportion (%)
Racine	70	3.44
Richland	6	0.30
Rock	30	1.48
Rusk	10	0.49
Sauk	10	0.49
Sawyer	36	1.77
Shawano	40	1.97
Sheboygan	13	0.64
St. Croix	40	1.97
St. Croix Chippewa Indians of Wisconsin	1	0.05
Taylor	7	0.34
Trempealeau	10	0.49
Vernon	11	0.54
Vilas	18	0.89
Walworth	22	1.08
Washburn	16	0.79
Washington	34	1.67
Waukesha	62	3.05
Waupaca	20	0.98
Waushara	5	0.25
Winnebago	77	3.79
Wood	25	1.23
N/A	16	0.79
Total	**2,033**	**100**

Table 2: Community Type

The following table shows a breakdown of the type of community survey respondents live in and the proportion of total responses each community type represents.

Community Type	Count	Proportion (%)
Rural	1,019	50.12
Urban	512	25.18
Suburban	486	23.91
N/A	16	0.79
Total	**2,033**	**100**

Table 3: Relationship with Dementia

The following table shows how survey respondents identify their relationship with dementia and the percentage of respondents that chose each type of relationship.

Note: Respondents were allowed to choose more than one option; thus, the total number of responses for this question exceeds the number of individual respondents.

Type of Relationship	Count	Proportion (%)*
I care for a person living with dementia.	629	30.94
I am a community member interested in this topic.	461	22.68
I work for a health care provider.	274	13.48
I work for an aging and disability resource center.	273	13.43
I work for a community-based service provider.	245	12.05
I work for a managed care organization.	174	8.58
I work for a residential care facility.	173	8.51
I work for an emergency response agency (APS/Crisis).	106	5.21
I work for a state agency.	77	3.79
I have dementia or other cognitive concerns.	37	1.82
Other	405	19.92
Total	**2,854**	

**Proportion was calculated as a percentage of 2,033 individual respondents.*

Table 4: Gender

The following table shows a breakdown of survey respondents based on their gender identity.

Gender	Count	Proportion (%)
Woman	1,736	85.39
Man	212	10.43
I prefer not to answer.	68	3.34
Non-binary	2	0.10
Other	1	0.05
N/A	14	0.69
Total	**2,033**	**100**

Table 5: Race

The following table shows a breakdown of survey respondents based on their racial identity.

Race	Count	Proportion (%)
White	1,791	88.10
Black or African American	75	3.69
Native American	19	0.93
Asian	15	0.74
Multiracial	15	0.74
Hispanic	11	0.54
N/A	9	0.44
Other	6	0.30
I prefer not to say.	92	4.53
Total	**2,033**	**100**

Table 6: Hispanic/Latino Ethnicity

The following table shows how survey respondents answered the question about whether they were of Hispanic or Latino ethnicity.

Hispanic or Latino Ethnicity?	Count	Proportion (%)
No	1,875	92.23
Yes	50	2.46
N/A	19	0.93
I prefer not to say.	89	4.38
Total	**2,033**	**100**

Tables 7–26: State Plan Focus Areas

Survey respondents were asked to rank six focus areas for the 2024–2028 State Dementia Plan from most important (1) to least important (6). The following tables show the frequency of how each focus area was ranked among all respondents (Table 7) and for each of the following demographic variables:

- Rural (Table 8)
- Urban (Table 9)
- Suburban (Table 10)
- White (Table 11)
- Black or African American (Table 12)
- Asian (Table 13)
- Native American (Table 14)
- Multiracial (Table 15)
- People with dementia or other cognitive concerns (Table 16)
- Hispanic/Latino (Table 17)
- ADRC staff (Table 18)
- Caregivers for people with dementia (Table 19)
- Community-based service provider staff (Table 20)
- APS or crisis response workers (Table 21)
- Managed care organization staff (Table 22)
- Health care staff (Table 23)
- State agency employees (Table 24)
- Staff at residential care facilities (Table 25)
- Interested community members (Table 26)

Table 7: State Plan focus area rankings (all)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Educate the public about dementia and brain health	247	13.06%	176	9.43%	201	10.80%	237	12.81%	337	18.26%	663	35.95%	172	16.55%
Provide more local community support for people living with dementia	331	17.50%	388	20.78%	369	19.83%	342	18.49%	285	15.44%	137	7.43%	181	17.42%
Support for family caregivers	**474**	**25.07%**	465	24.91%	358	19.24%	277	14.97%	190	10.29%	101	5.48%	168	16.17%
Increase appropriate diagnosis of dementia and memory loss	201	10.63%	204	10.93%	279	14.99%	347	18.76%	440	23.84%	389	21.10%	173	16.65%
Improve the quality of dementia care in assisted living facilities and nursing homes	337	17.82%	332	17.78%	346	18.59%	307	16.59%	306	16.58%	229	12.42%	176	16.94%
Improve help for people with dementia experiencing a crisis	301	15.92%	302	16.18%	308	16.55%	340	18.38%	288	15.60%	325	17.62%	169	16.27%

Table 8: State Plan focus area rankings (rural)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Educate the public about dementia and brain health	114	11.78%	94	9.81%	126	13.24%	121	12.78%	166	17.57%	332	35.21%	66	16.46%
Provide more local community support for people living with dementia	181	18.70%	210	21.92%	181	19.01%	167	17.63%	142	15.03%	66	7.00%	72	17.96%
Support for family caregivers	**250**	**25.83%**	235	24.53%	191	20.06%	137	14.47%	92	9.74%	47	4.98%	67	16.71%
Increase appropriate diagnosis of dementia and memory loss	107	11.05%	112	11.69%	132	13.87%	174	18.37%	222	23.49%	207	21.95%	65	16.21%
Improve the quality of dementia care in assisted living facilities and nursing homes	164	16.94%	157	16.39%	170	17.86%	163	17.21%	173	18.31%	123	13.04%	69	17.21%
Improve help for people with dementia experiencing a crisis	152	15.70%	150	15.66%	152	15.97%	185	19.54%	150	15.87%	168	17.82%	62	15.46%

Table 9: State Plan focus area rankings (urban)

Focus Area	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Educate the public about dementia and brain health	71	15.30%	40	8.81%	41	9.01%	50	11.09%	86	19.07%	169	37.39%	55	15.94%
Provide more local community support for people living with dementia	79	17.03%	89	19.60%	95	20.88%	92	20.40%	61	13.53%	37	8.19%	59	17.10%
Support for family caregivers	**117**	**25.22%**	107	23.57%	97	21.32%	73	16.19%	41	9.09%	24	5.31%	53	15.36%
Increase appropriate diagnosis of dementia and memory loss	44	9.48%	53	11.67%	65	14.29%	90	19.96%	120	26.61%	80	17.70%	60	17.39%
Improve the quality of dementia care in assisted living facilities and nursing homes	75	16.16%	90	19.82%	81	17.80%	75	16.63%	73	16.19%	59	13.05%	59	17.10%
Improve help for people with dementia experiencing a crisis	78	16.81%	75	16.52%	76	16.70%	71	15.74%	70	15.52%	83	18.36%	59	17.10%

Table 10: State Plan focus area rankings (suburban)

Focus Area	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Educate the public about dementia and brain health	61	13.50%	41	9.15%	34	7.61%	64	14.38%	85	19.19%	159	35.89%	42	17.65%
Provide more local community support for people living with dementia	71	15.71%	88	19.64%	92	20.58%	83	18.65%	78	17.61%	34	7.67%	40	16.81%
Support for family caregivers	**107**	**23.67%**	120	26.79%	68	15.21%	67	15.06%	56	12.64%	29	6.55%	39	16.39%
Increase appropriate diagnosis of dementia and memory loss	49	10.84%	39	8.71%	82	18.34%	78	17.53%	98	22.12%	101	22.80%	39	16.39%
Improve the quality of dementia care in assisted living facilities and nursing homes	95	21.02%	83	18.53%	95	21.25%	69	15.51%	58	13.09%	47	10.61%	39	16.39%
Improve help for people with dementia experiencing a crisis	69	15.27%	77	17.19%	76	17.00%	84	18.88%	68	15.35%	73	16.48%	39	16.39%

Table 11: State Plan focus area rankings (White)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Educate the public about dementia and brain health	208	12.32%	160	9.59%	187	11.24%	208	12.58%	306	18.55%	594	36.07%	128	16.54%
Provide more local community support for people living with dementia	305	18.07%	348	20.85%	338	20.31%	309	18.68%	240	14.55%	115	6.98%	136	17.57%
Support for family caregivers	**429**	**25.41%**	410	24.57%	323	19.41%	245	14.81%	168	10.18%	89	5.40%	127	16.41%
Increase appropriate diagnosis of dementia and memory loss	175	10.37%	185	11.08%	246	14.78%	297	17.96%	403	24.42%	356	21.62%	129	16.67%
Improve the quality of dementia care in assisted living facilities and nursing homes	302	17.89%	293	17.56%	310	18.63%	277	16.75%	274	16.61%	205	12.45%	130	16.80%
Improve help for people with dementia experiencing a crisis	269	15.94%	273	16.36%	260	15.63%	318	19.23%	259	15.70%	288	17.49%	124	16.02%

Table 12: State Plan focus area rankings (Black/African American)

Focus Area	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Educate the public about dementia and brain health	**20**	**41.67%**	4	9.09%	3	6.82%	8	18.18%	6	13.64%	5	11.11%	29	16.02%
Provide more local community support for people living with dementia	4	8.33%	8	18.18%	7	15.91%	6	13.64%	7	15.91%	12	26.67%	31	17.13%
Support for family caregivers	10	20.83%	11	25.00%	11	25.00%	8	18.18%	2	4.55%	4	8.89%	29	16.02%
Increase appropriate diagnosis of dementia and memory loss	7	14.58%	4	9.09%	6	13.64%	13	29.55%	9	20.45%	5	11.11%	31	17.13%
Improve the quality of dementia care in assisted living facilities and nursing homes	3	6.25%	10	22.73%	11	25.00%	4	9.09%	13	29.55%	3	6.67%	31	17.13%
Improve help for people with dementia experiencing a crisis	4	8.33%	7	15.91%	6	13.64%	5	11.36%	7	15.91%	16	35.56%	30	16.57%

Table 13: State Plan focus area rankings (Asian)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Educate the public about dementia and brain health	2	13.33%	2	13.33%	0	0.00%	2	13.33%	3	20.00%	6	40.00%	0	0.00%
Provide more local community support for people living with dementia	1	6.67%	3	20.00%	3	20.00%	2	13.33%	5	33.33%	1	6.67%	0	0.00%
Support for family caregivers	4	26.67%	5	33.33%	0	0.00%	2	13.33%	2	13.33%	2	13.33%	0	0.00%
Increase appropriate diagnosis of dementia and memory loss	**5**	**33.33%**	1	6.67%	4	26.67%	2	13.33%	2	13.33%	1	6.67%	0	0.00%
Improve the quality of dementia care in assisted living facilities and nursing homes	1	6.67%	2	13.33%	2	13.33%	6	40.00%	2	13.33%	2	13.33%	0	0.00%
Improve help for people with dementia experiencing a crisis	2	13.33%	2	13.33%	6	40.00%	1	6.67%	1	6.67%	3	20.00%	0	0.00%

Table 14: State Plan focus area rankings (Native American)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Educate the public about dementia and brain health	2	11.11%	1	5.56%	1	5.56%	5	27.78%	3	16.67%	6	26.09%	1	16.67%
Provide more local community support for people living with dementia	5	27.78%	1	5.56%	4	22.22%	2	11.11%	5	27.78%	1	4.35%	1	16.67%
Support for family caregivers	**6**	**33.33%**	6	33.33%	2	11.11%	0	0.00%	3	16.67%	6	26.09%	1	16.67%
Increase appropriate diagnosis of dementia and memory loss	1	5.56%	2	11.11%	2	11.11%	7	38.89%	2	11.11%	4	17.39%	1	16.67%
Improve the quality of dementia care in assisted living facilities and nursing homes	3	16.67%	5	27.78%	1	5.56%	2	11.11%	3	16.67%	4	17.39%	1	16.67%
Improve help for people with dementia experiencing a crisis	1	5.56%	3	16.67%	8	44.44%	2	11.11%	2	11.11%	2	8.70%	1	16.67%

Table 15: State Plan focus area rankings (multiracial)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Educate the public about dementia and brain health	2	15.38%	1	7.69%	1	7.69%	2	15.38%	0	0.00%	7	53.85%	2	16.67%
Provide more local community support for people living with dementia	2	15.38%	4	30.77%	3	23.08%	2	15.38%	2	15.38%	0	0.00%	2	16.67%
Support for family caregivers	**4**	**30.77%**	4	30.77%	2	15.38%	2	15.38%	1	7.69%	0	0.00%	2	16.67%
Increase appropriate diagnosis of dementia and memory loss	1	7.69%	0	0.00%	1	7.69%	4	30.77%	6	46.15%	1	7.69%	2	16.67%
Improve the quality of dementia care in assisted living facilities and nursing homes	3	23.08%	3	23.08%	2	15.38%	1	7.69%	0	0.00%	4	30.77%	2	16.67%
Improve help for people with dementia experiencing a crisis	1	7.69%	1	7.69%	4	30.77%	2	15.38%	4	30.77%	1	7.69%	2	16.67%

Table 16: State Plan focus area rankings (people with dementia or other cognitive concerns)

Focus Area	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Educate the public about dementia and brain health	4	12.90%	2	6.45%	0	0.00%	6	20.00%	7	23.33%	11	36.67%	7	17.50%
Provide more local community support for people living with dementia	**10**	**32.26%**	5	16.13%	4	13.33%	4	13.33%	4	13.33%	3	10.00%	7	17.50%
Support for family caregivers	4	12.90%	10	32.26%	6	20.00%	4	13.33%	5	16.67%	1	3.33%	7	17.50%
Increase appropriate diagnosis of dementia and memory loss	5	16.13%	5	16.13%	8	26.67%	4	13.33%	6	20.00%	3	10.00%	6	15.00%
Improve the quality of dementia care in assisted living facilities and nursing homes	4	12.90%	6	19.35%	5	16.67%	6	20.00%	5	16.67%	4	13.33%	7	17.50%
Improve help for people with dementia experiencing a crisis	4	12.90%	3	9.68%	7	23.33%	6	20.00%	3	10.00%	8	26.67%	6	15.00%

Table 17: State Plan focus area rankings (Hispanic/Latino)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Educate the public about dementia and brain health	10	20.41%	4	8.16%	7	14.29%	10	20.83%	6	12.77%	11	23.40%	2	16.67%
Provide more local community support for people living with dementia	9	18.37%	11	22.45%	8	16.33%	7	14.58%	9	19.15%	4	8.51%	2	16.67%
Support for family caregivers	**15**	**30.61%**	13	26.53%	9	18.37%	4	8.33%	4	8.51%	3	6.38%	2	16.67%
Increase appropriate diagnosis of dementia and memory loss	3	6.12%	4	8.16%	9	18.37%	10	20.83%	12	25.53%	10	21.28%	2	16.67%
Improve the quality of dementia care in assisted living facilities and nursing homes	5	10.20%	8	16.33%	10	20.41%	10	20.83%	9	19.15%	6	12.77%	2	16.67%
Improve help for people with dementia experiencing a crisis	7	14.29%	9	18.37%	6	12.24%	7	14.58%	7	14.89%	13	27.66%	2	16.67%

Table 18: State Plan focus area rankings (ADRC staff)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Educate the public about dementia and brain health	33	12.36%	35	13.21%	32	12.12%	34	12.93%	46	17.56%	84	32.06%	9	16.36%
Provide more local community support for people living with dementia	43	16.10%	57	21.51%	52	19.70%	46	17.49%	37	14.12%	28	10.69%	10	18.18%
Support for family caregivers	**97**	**36.33%**	53	20.00%	47	17.80%	32	12.17%	23	8.78%	13	4.96%	8	14.55%
Increase appropriate diagnosis of dementia and memory loss	19	7.12%	29	10.94%	36	13.64%	51	19.39%	71	27.10%	58	22.14%	9	16.36%
Improve the quality of dementia care in assisted living facilities and nursing homes	30	11.24%	51	19.25%	46	17.42%	45	17.11%	53	20.23%	39	14.89%	9	16.36%
Improve help for people with dementia experiencing a crisis	45	16.85%	40	15.09%	51	19.32%	55	20.91%	32	12.21%	40	15.27%	10	18.18%

Table 19: State Plan focus area rankings (caregivers)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Educate the public about dementia and brain health	72	12.68%	51	9.22%	66	11.91%	75	13.69%	96	17.55%	189	34.68%	80	17.43%
Provide more local community support for people living with dementia	105	18.49%	133	24.05%	109	19.68%	82	14.96%	75	13.71%	46	8.44%	79	17.21%
Support for family caregivers	**168**	**29.58%**	146	26.40%	94	16.97%	67	12.23%	53	9.69%	32	5.87%	69	15.03%
Increase appropriate diagnosis of dementia and memory loss	69	12.15%	58	10.49%	92	16.61%	110	20.07%	123	22.49%	101	18.53%	76	16.56%
Improve the quality of dementia care in assisted living facilities and nursing homes	90	15.85%	89	16.09%	104	18.77%	91	16.61%	100	18.28%	75	13.76%	80	17.43%
Improve help for people with dementia experiencing a crisis	64	11.27%	76	13.74%	89	16.06%	123	22.45%	100	18.28%	102	18.72%	75	16.34%

Table 20: State Plan focus area rankings (community-based service provider staff)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Educate the public about dementia and brain health	35	15.15%	24	10.62%	23	10.13%	31	13.72%	41	18.14%	74	32.60%	17	15.89%
Provide more local community support for people living with dementia	44	19.05%	39	17.26%	49	21.59%	35	15.49%	39	17.26%	19	8.37%	20	18.69%
Support for family caregivers	**54**	**23.38%**	64	28.32%	37	16.30%	36	15.93%	23	10.18%	14	6.17%	17	15.89%
Increase appropriate diagnosis of dementia and memory loss	20	8.66%	28	12.39%	34	14.98%	46	20.35%	54	23.89%	45	19.82%	18	16.82%
Improve the quality of dementia care in assisted living facilities and nursing homes	46	19.91%	32	14.16%	44	19.38%	34	15.04%	37	16.37%	35	15.42%	17	15.89%
Improve help for people with dementia experiencing a crisis	32	13.85%	39	17.26%	40	17.62%	44	19.47%	32	14.16%	40	17.62%	18	16.82%

Table 21: State Plan focus area rankings (APS or crisis response workers)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Educate the public about dementia and brain health	14	13.33%	6	5.71%	7	6.67%	7	6.67%	20	19.05%	51	48.57%	1	16.67%
Provide more local community support for people living with dementia	23	21.90%	25	23.81%	17	16.19%	16	15.24%	17	16.19%	7	6.67%	1	16.67%
Support for family caregivers	10	9.52%	23	21.90%	28	26.67%	26	24.76%	13	12.38%	5	4.76%	1	16.67%
Increase appropriate diagnosis of dementia and memory loss	5	4.76%	11	10.48%	14	13.33%	18	17.14%	31	29.52%	26	24.76%	1	16.67%
Improve the quality of dementia care in assisted living facilities and nursing homes	8	7.62%	27	25.71%	24	22.86%	19	18.10%	17	16.19%	10	9.52%	1	16.67%
Improve help for people with dementia experiencing a crisis	**45**	**42.86%**	13	12.38%	15	14.29%	19	18.10%	7	6.67%	6	5.71%	1	16.67%

Table 22: State Plan focus area rankings (managed care organization staff)

Focus Area	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Educate the public about dementia and brain health	21	12.21%	12	7.02%	17	10.12%	16	9.70%	28	17.07%	73	44.51%	7	17.50%
Provide more local community support for people living with dementia	34	19.77%	31	18.13%	34	20.24%	32	19.39%	26	15.85%	9	5.49%	8	20.00%
Support for family caregivers	34	19.77%	44	25.73%	39	23.21%	22	13.33%	19	11.59%	9	5.49%	7	17.50%
Increase appropriate diagnosis of dementia and memory loss	18	10.47%	7	4.09%	26	15.48%	38	23.03%	39	23.78%	38	23.17%	8	20.00%
Improve the quality of dementia care in assisted living facilities and nursing homes	**41**	**23.84%**	44	25.73%	21	12.50%	25	15.15%	22	13.41%	14	8.54%	7	17.50%
Improve help for people with dementia experiencing a crisis	24	13.95%	33	19.30%	31	18.45%	32	19.39%	30	18.29%	21	12.80%	3	7.50%

Table 23: State Plan focus area rankings (health care staff)

Focus Area	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Educate the public about dementia and brain health	30	11.45%	25	9.62%	27	10.38%	32	12.36%	59	22.78%	89	34.36%	12	14.12%
Provide more local community support for people living with dementia	34	12.98%	61	23.46%	58	22.31%	54	20.85%	40	15.44%	12	4.63%	15	17.65%
Support for family caregivers	**60**	**22.90%**	54	20.77%	58	22.31%	45	17.37%	29	11.20%	15	5.79%	13	15.29%
Increase appropriate diagnosis of dementia and memory loss	23	8.78%	21	8.08%	33	12.69%	45	17.37%	70	27.03%	68	26.25%	14	16.47%
Improve the quality of dementia care in assisted living facilities and nursing homes	57	21.76%	45	17.31%	45	17.31%	43	16.60%	42	16.22%	27	10.42%	15	17.65%
Improve help for people with dementia experiencing a crisis	58	22.14%	54	20.77%	39	15.00%	40	15.44%	19	7.34%	48	18.53%	16	18.82%

Table 24: State Plan focus area rankings (state agency employees)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Educate the public about dementia and brain health	11	14.67%	8	10.67%	6	8.00%	12	16.00%	15	20.00%	23	30.67%	2	16.67%
Provide more local community support for people living with dementia	17	22.67%	16	21.33%	9	12.00%	16	21.33%	12	16.00%	5	6.67%	2	16.67%
Support for family caregivers	10	13.33%	17	22.67%	23	30.67%	14	18.67%	3	4.00%	8	10.67%	2	16.67%
Increase appropriate diagnosis of dementia and memory loss	11	14.67%	8	10.67%	12	16.00%	10	13.33%	17	22.67%	17	22.67%	2	16.67%
Improve the quality of dementia care in assisted living facilities and nursing homes	**20**	**26.67%**	8	10.67%	19	25.33%	8	10.67%	15	20.00%	5	6.67%	2	16.67%
Improve help for people with dementia experiencing a crisis	6	8.00%	18	24.00%	6	8.00%	15	20.00%	13	17.33%	17	22.67%	2	16.67%

Table 25: State Plan focus area rankings (residential care facility staff)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Educate the public about dementia and brain health	20	12.42%	17	10.63%	28	17.61%	17	10.69%	26	16.46%	51	32.28%	12	14.81%
Provide more local community support for people living with dementia	13	8.07%	30	18.75%	35	22.01%	37	23.27%	30	18.99%	14	8.86%	14	17.28%
Support for family caregivers	30	18.63%	39	24.38%	34	21.38%	24	15.09%	22	13.92%	10	6.33%	14	17.28%
Increase appropriate diagnosis of dementia and memory loss	17	10.56%	19	11.88%	16	10.06%	36	22.64%	32	20.25%	39	24.68%	14	17.28%
Improve the quality of dementia care in assisted living facilities and nursing homes	**50**	**31.06%**	26	16.25%	26	16.35%	15	9.43%	24	15.19%	19	12.03%	13	16.05%
Improve help for people with dementia experiencing a crisis	31	19.25%	29	18.13%	20	12.58%	30	18.87%	24	15.19%	25	15.82%	14	17.28%

Table 26: State Plan focus area rankings (interested community members)

	Rank 1		Rank 2		Rank 3		Rank 4		Rank 5		Rank 6		N/A	
Focus Area	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Educate the public about dementia and brain health	60	14.53%	48	11.85%	50	12.29%	53	13.25%	74	18.55%	122	30.73%	54	15.65%
Provide more local community support for people living with dementia	79	19.13%	69	17.04%	77	18.92%	78	19.50%	69	17.29%	27	6.80%	62	17.97%
Support for family caregivers	**99**	**23.97%**	103	25.43%	76	18.67%	65	16.25%	42	10.53%	20	5.04%	56	16.23%
Increase appropriate diagnosis of dementia and memory loss	54	13.08%	36	8.89%	63	15.48%	81	20.25%	86	21.55%	84	21.16%	57	16.52%
Improve the quality of dementia care in assisted living facilities and nursing homes	80	19.37%	69	17.04%	78	19.16%	60	15.00%	61	15.29%	55	13.85%	58	16.81%
Improve help for people with dementia experiencing a crisis	41	9.93%	80	19.75%	63	15.48%	63	15.75%	67	16.79%	89	22.42%	58	16.81%